

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000096

FILED
Jan 14, 2006
Secretary of State

Entity Name: DR. RALPH G. FRICK FAMILY FOUNDATION, INC.

Current Principal Place of Business:

630 POINSETTIA RD
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

630 POINSETTIA RD
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3733715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRICK, RALPH G
630 POINSETTIA RD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RALPH, FRICK
Address: 630 POINSETTIA RD
City-St-Zip: CLEARWATER, FL 33756

Title: VPSD () Delete
Name: LORETTA, FRICK
Address: 630 POINSETTA
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: CATHERINE, FRICK FAULKNER
Address: 8249 SIQUITA DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D () Delete
Name: HOGAN, DEBORAH F
Address: P.O. BOX 294
City-St-Zip: ST PERTERSBURG, FL 34605

Title: D () Delete
Name: JEANNE, FRICK MURPHY
Address: 327 DAYTON COURT
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: LORETTA, FRICK
Address: 630 POINSETTA RD.
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOGAN, DEBORAH F
Address: P.O. BOX 294
City-St-Zip: BROOKSVILLE, FL 34605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH G. FRICK

PD

01/14/2006

Electronic Signature of Signing Officer or Director

Date